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Bib Data Sheet

CONFIRMATION NO. 4101

<b>SERIAL NUMBER</b> 09/879,433	<b>FILING DATE</b> 06/12/2001 <b>RULE</b>	<b>CLASS</b> 362	<b>GROUP ART UNIT</b> 2875	<b>ATTORNEY DOCKET NO.</b> BSC-009DV
<b>APPLICANTS</b> Robert J. Crowley, Sudbury, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/903,218 07/22/1997 WHICH CLAIMS BENEFIT OF 60/033,333 11/21/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 08/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 021323				
<b>TITLE</b> Mucosal ablation				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 4101

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/879,433	<b>FILING OR 371(c) DATE</b> 06/12/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> BSC-009DV
<b>APPLICANTS</b> Robert J. Crowley, Sudbury, MA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/903,218 07/22/1997 ABN which claims benefit of 60/033,333 11/21/1996				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26389				
<b>TITLE</b> Mucosal ablation				
<b>FILING FEE RECEIVED</b> 836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	